

Shoreline Youth Ambassador Application 2017-2018

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Contact Number: _____ Email address: _____

School: _____ Grade: _____

Meetings are held twice a month at Shoreline City Hall in the evening. Will anything prevent you from attending these meetings? If so, please explain. _____

How can you contribute to Shoreline Youth Ambassadors? _____

What is one issue affecting teens in Shoreline? _____

I am fully aware of the fact that there are special dangers and risks inherent in activities at City Hall including, but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from my participation in the activity. Being fully informed as to these risks and in consideration of me being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns release and hold harmless the City of Shoreline, its officials, employees, and agents and waive any right of recovery that I may have to bring a claim or lawsuit for damages against them for any personal injury, death, or harmful consequence occurring to me arising out of my participation in the activity.

I hereby authorize the use of the photographs and/or videotapes of me as part of the City of Shoreline promotions. I understand that if I do not wish to have photographs taken, I must call (206) 801-2600 to request a photo waiver.

Parent/Guardian Signature

Date

As a participant in the Shoreline Teen Program, I agree to abide by all program rules and respect staff and fellow participants while involved in this activity.

Participant Signature

Date

Date Submitted _____

Revision Date, if applicable _____